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Practitioner's Docket No. 44046.203.289.1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Klaus Hartig

Application No.: 10/739,887

Filed: 12/18/2003

For: PLASMA-ENHANCED FILM DEPOSITION

Group No.: 1762

Examiner: Chen, Bret P.

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope with sufficient postage as first class mail addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date:

12/27/05


Signature

Theresa Russek

(type or print name of person certifying)

* Only the date of filing ("1.6") will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under "1.8" continues to be taken into account in determining timeliness. See "1.703(f). Consider "Express Mail Post Office to Addressee" ("1.10) or facsimile transmission ("1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	9	- 46	= 0	x \$ 50.00	= \$	0.00	
INDEP.	1	- 3	= 0	x \$ 200.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
TOTAL ADDIT. FEE					\$	0.00	

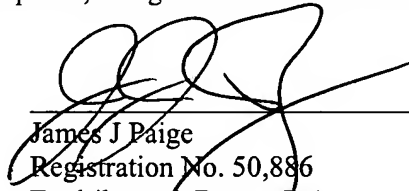
No additional fee for claims is required.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 061910.

If an additional fee for claims is required, charge Account No. 061910.

Date: 12/27/05



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